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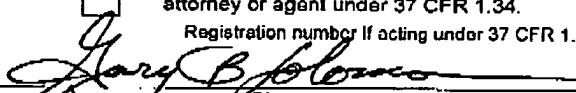
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 11000128-0006		
Application Number	10/809,015 - Conf. #7839	Filed March 25, 2004		
For CREDIT CARD REFERRAL METHODS				
Art Unit	2876	Examiner Daniel St Cyr		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.				
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):				
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	Fee \$120	Small Entity Fee \$60	\$
<input checked="" type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	Fee \$450	Small Entity Fee \$225	\$ 225.00
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	Fee \$1020	Small Entity Fee \$510	\$
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	Fee \$1590	Small Entity Fee \$795	\$
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	Fee \$2160	Small Entity Fee \$1080	\$
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.				
<input type="checkbox"/> A check in the amount of the fee is enclosed.				
<input checked="" type="checkbox"/>	Payment by credit card.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.				
<input checked="" type="checkbox"/>	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>19-3140</u>			
I am the	<input type="checkbox"/>	applicant/inventor.		
	<input type="checkbox"/>	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).		
	<input checked="" type="checkbox"/>	attorney or agent of record. Registration Number <u>44,347</u>		
	<input type="checkbox"/>	attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34		
 _____ Signature				
Gary B. Solomon _____ Typed or printed name				
December 8, 2008 Date				
(214) 259-0941 Telephone Number				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				
<input type="checkbox"/>	Total of <u>1</u> forms are submitted.			

**NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.**

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